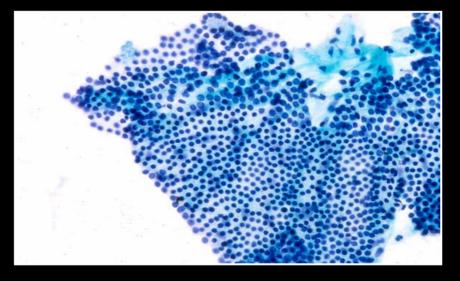
Committee I – Indications for Thyroid FNA and Pre-FNA requirements

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- Most palpable thyroid nodules are approximately 1 cm or larger, and are therefore clinically significant.
- Every patient with a palpable thyroid nodule is a potential candidate for FNA.
- Detection of a palpable thyroid nodule should lead to further evaluation.

- A complete medical history and physical exam directed to the thyroid gland and cervical LNs noting factors that can increase the likelihood of thyroid cancer:
 - Family hx, prior radiation, rapid nodule growth, hard nodule, horseness, lymphadenopathy, fixation to surrounding soft tissue
- Serum TSH levels

- Normal or elevated TSH should go for thyroid ultrasound
- Depressed TSH should have a radionuclide thyroid scan
 - Functioning nodules do not require an FNA
 - Iso- or hypofunctioning nodules should be evaluated by ultrasound

- Contraindications are few:
 - Uncooperative patient
 - Severe bleeding diathesis
- Complications are rare:
 - Intrathyroidal hemorrhage
 - Acute upper airway obstruction

- Thyroid FNA can be performed on patients taking aspirin and NSAIDS
- For those on prophylactic low molecular weight heparins, consider stopping the LMWH 8 hours prior to FNA
- Thyroid FNA for patients on therapeutic warfarin or heparin/LMWH is controversial.

Controversies:

- None for round 1
- Round 2:
 - "In my opinion these indications are wellestablished but in areas with limited resources as we have in Sudan-Africa, we indicate FNA for all palpable thyroid nodules...."
 - "In my opinion, after measurment of TSH, all palpable nodule is candidate for FNA as its size should be more than 10 mm."

Conclusions:

- Before FNA of a palpable thyroid nodule, patients should:
 - Be evaluated for a significant medical history
 - Have a directed physical exam
 - TSH determination
- Patients are triaged:
 - Normal or elevated TSH Ultrasound evaluation
 - Functioning nodule an FNA is not indicated
- An FNA is contraindicated for uncooperative patients and severe bleeding diathesis

Discussion: